

TRAVEL EXPENSE CLAIM

Traveler ID Unit Code

210

STAFF

BK Trip? ☐ YES ☐ No

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME
Karen Baker

Fiscal Year
2008-2009

2008TEC1750

SSN OR EMPLOYER NUMBER

DEPARTMENT
OPR

POSITION
Secretary of Volunteering and

CB/ID NO.:
EXEMPT

DIVISION OF RECREATION
California Volunteers

PCA #
21401

RESIDENCE ADDRESS*

HEADQUARTERS ADDRESS	1110 K Street Suite 210
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TELEPHONE NUMBER
916-323-7646

CITY
Sacramento

STATE
CA

ZIP CODE

CITY	Sacramento
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STATE
CA

ZIP
95814

[illegible]

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL	\$	\$28.80
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended the Disaster Corps Table Top Exercise

(12) ΝΟΜΟΙ ΚΑΙ ΝΟΜΟΚΛΗΤΕΣ

(13) PRIVATE VEHICLE LICENSE NUMBER
4ybd289

(14) MILEAGE RATE CLAIMED .55

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER
\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE 11/11/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____